

HRC Request for Review

HRC Protocol Number (Assigned by HRC) 0806-14 Date Received: 8-10-06

Investigator Name:	Kevin Walsh		Investigator Department:	Electrical Engineering	
Mailing Address:	2933 Nogales Ct Boulder, Co 80301		Campus Box:	None	
Daytime Phone:	303-579-1838	Email:	Kevin.walsh@colorado.edu		Proposed Start Date: August 15, 2006
Check One:	Faculty <input type="checkbox"/>	Staff <input checked="" type="checkbox"/>	Graduate Student <input type="checkbox"/>	Undergraduate Student <input type="checkbox"/>	

Type of Review Requested: <i>(see Handbook for Categories)</i>		Expedited 4) Noninvasive clinical data	
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Project Title:	Quantum Modulation	Number of subjects to be consented*:	50
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Student Information:
 Complete the appropriate boxes ONLY if you are a student conducting research. Please contact the HRC if you have questions regarding student research.

Is this project being conducted as:	Course Project <input type="checkbox"/>	Masters or doctoral thesis <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
Faculty Advisor:	Garret Model	Department:	Electrical Engineering
Phone:	303-492-1889	Email:	model@colorado.edu

Funding Information
 Complete the appropriate boxes ONLY if your research involves funding. Please contact the HRC if you have questions regarding funding.

Is project currently sponsored/ funded? <input type="checkbox"/> Yes-SUBMIT PROPOSAL <input checked="" type="checkbox"/> No	Grant Title:
CU Proposal #:	Funding Agency:

Vulnerable Participants:
 Check the appropriate boxes ONLY if your research targets a specific vulnerable population. Please contact the HRC if you have questions regarding vulnerable participants.

People Engaged in Illegal Activities <input type="checkbox"/>	Fetuses <input type="checkbox"/>	Children (<18 years of age) <input type="checkbox"/>	Prisoners <input type="checkbox"/>	Mentally/Cognitively Impaired <input type="checkbox"/>	Pregnant Women <input type="checkbox"/>	Non-Literate or Non-English Speaking <input type="checkbox"/>
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Special Considerations

Check the appropriate boxes that apply to your research.

<input type="checkbox"/> Use of Deception	<input type="checkbox"/> Genetic Research	<input type="checkbox"/> Secondary Data Analysis (analysis of data collected for purposes other than the proposed analysis)	<input type="checkbox"/> Survey Research/Interview/Questionnaires	<input type="checkbox"/> International research
<input type="checkbox"/> Drugs (see below)	<input type="checkbox"/> Medical Device (see below)	<input type="checkbox"/> Blood Sample (Draw?)	<input type="checkbox"/> Watching or Listening to AV Materials	<input type="checkbox"/> E-recruitment/data collection
<input type="checkbox"/> X-ray, DEXA, MRI, CT SCAN	<input type="checkbox"/> Microneurography	<input type="checkbox"/> GCRC (Please submit SAC application in lieu of the pages 4-5 of Request for Review)		

Drug/Device Information:

Complete the appropriate information ONLY if your research involves a drug, biologic or medical device. Please contact the HRC if you have questions. **Be sure to list ALL drugs and devices**, not only those requiring an IND or IDE.

ALL Drugs or Devices used:	If applicable, list the IND/IDE number(s) for the drugs/devices used. IND # _____ IDE # _____
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Acknowledgements

Submission of a protocol to the HRC requires that the Principal Investigator and Faculty Advisor (if applicable) read the following statements regarding Conflicts of Interests and Investigators and/or Faculty Advisors Responsibility.

Conflicts of Interest: (for more information see: <http://www.colorado.edu/VCResearch/conflictsofinterest.html>)

The Principal Investigator must disclose any known or potential conflicts of interest between any investigator involved with this research and the funding source, drug provider or device provider.

'Conflicts of Interest' include but are not limited to:

- Stock (holding or options) in a sponsoring organization by an investigator or PI.
- PI or investigator serving as a Director, advisor, or consultant to the sponsoring organization.
- PI or investigator with other vested interests such as the inventor and/or patent holder of the test article.

Are there any Potential Conflicts of Interest? Yes No

If yes, please attach copy of the Conflict of Interest Management Plan

Investigator's Responsibility:

Once the protocol has been approved, it is the Principal Investigator's (PI) responsibility to report any changes in research activity related to the protocol. The PI must provide the HRC with all protocol and consent form changes and revisions. The HRC must approve these changes before the PI can implement them. All advertisements recruiting study participants must also be approved by the HRC prior to their use. The PI must promptly report all unanticipated problems or adverse events associated with this protocol to the HRC. All projects must undergo a renewal review at least annually to renew the approval for the protocol. Failure to comply with these federal regulations may result in suspension or termination of the protocol.

ACKNOWLEDGMENT: I have read and reviewed this application and accept responsibility for the research described. I further attest that I am fully aware of all the procedures to be followed, will monitor the research, and will notify the HRC of any significant problems or changes.

Project Description

This description should be as complete as possible. **Note that this is a template only**; use as much space as needed to provide the information described below.

- 1) Purpose and Significance of the Project. (This should be in terms understandable to knowledgeable laypeople. **DO NOT** simply cut and paste from grant proposal, or your request may be returned without review.)

The purpose of our project is to determine whether a person can influence the ratio of light being reflected from a piece of glass by using intention. A growing body of literature supports the notion that the human mind has the ability to affect such physical events at a quantum level. The effect tends to be quite small, but, when repeated over many trials, is statistically significant. It is important to investigate such statistical anomalies and be able to explain them so that the theories we use to understand our universe may be complete.

- 2) Methodology of the project (again in lay terms; **DO NOT** simply cut and paste from grant proposal.)

- a) *General description of the structure of the project*

An apparatus has been constructed within lab ECEE 212 of the engineering center. It contains one light source that sends photons at a piece of glass. Some of the light reflects and some of it passes through. Both kinds of light are measured using light-sensors. The signal is then sent from the light-sensors to a computer where it is graphically displayed for the user. We are asking participants to attempt to mentally influence the apparatus at several different points of contact including the light source, the glass, and the graphical display. The computer keeps track of the data, which can then be analyzed at a later time.

- b) *Please list the Key Personnel of this research project. (Key Personnel are individuals, including the principal investigator and collaborators, who contribute in a substantive way to the scientific development or execution of a project, whether or not they receive compensation from the grant supporting that project.)*

The key personnel for this research project is limited (at this time) to myself (Kevin Walsh). I am the principal investigator, the designer of the project, the one who analyzes the data, and the one who does recruitment. I am overseen by Professor Garret Moddel.

- c) *Please list all locations at which the research will take place.*

There is only one location at which this research will take place and that is lab-room E212 of the Electrical Engineering building.

- d) *Description of the subject population including recruitment methods, age, type, and number of participants. Include copies and scripts of advertisements (including Buff Bulletin/campus E-memo notices). Please note that any additional recruitment procedures would require HRC review as a change request.*

The subject population will only be recruited using word-of-mouth. It will consist of any student, staff, or faculty member in the engineering center over the age of 18 who volunteer to participate. Up to 50 people are expected over the life of the project. For any additional

recruitment procedures, HRC will be notified.

- e) *Description of the procedures involving human subjects (including procedures which may be deceptive, embarrassing, or discomforting to participants). Describe what the participant will encounter: when, where, and how long. If deception is to be used, attach a copy of the debriefing form or statement.*

Deception is not necessary to our experiment nor will it be used. Everything about the experiment will be disclosed prior and there will not be any 'surprises' at the end. Nothing will be embarrassing or discomforting to participants. There is minimal risk involved. They will be asked to volunteer and will be told exactly what to expect, which is that this study will take place during normal business/school hours in room ECEE 212, it will last about 15 minutes, and that it involves the use of mental-influence supported theoretically by quantum principles.

- f) *Description of any surveys, questionnaires or interview schedules to be used (copies must be attached)*

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None.

- 3) *Description of the risks and benefits to participants*

- a) *Any risks to the participants should be described*

There are no risks to participants except those encountered in everyday living.

- b) *Benefits include any benefits that the participant may encounter for participation, as well as the benefit to society or science in conducting such research. Benefits should not be overstated; it is acceptable to indicate that "There are no direct benefits for participating in this study."*

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There are no direct benefits for participating in this study.

- 4) *Description of means for ensuring privacy for participants (including a statement of either confidentiality or anonymity; if you intend to audio- or video-tape participants, describe final disposition of the tapes [e.g., erased, destroyed, given to participants; if retained, explain how long and how confidentiality will be maintained]. If DNA is collected, indicate the specific use to which it will be put, how confidentiality will be protected, and how long the material will be retained.*

Each participant's data set will contain only the experimental condition, the subject number, the raw data, the gender, and the age. No other identifying information will be ascertained. Once all data is collected and properly analyzed, the data will be destroyed by deleting the files from the computer.

- 5) *Investigator's qualifications to conduct the study (attach CV, or describe qualifications).*

The experimenter has several years of experience conducting human research of this nature. He has worked in various research labs for the psychology department at the University of Colorado under professors Bernadette Park and Charles Judd over the last three years. Additionally, the experimenter has been cleared by HRC to conduct related research over the Summer of 2006 for which he was the principal investigator.

- 6) *Attach consent form(s)*

7) _____

- 8) *For funded projects, provide a copy of the contract/grant proposal with this completed application.*

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None.

Quantum Modulation
Principal Investigator: Kevin Walsh
PARTICIPANT INFORMED CONSENT FORM

August 7, 2006

Please read the following material that explains this research study. Signing this form will indicate that you have been informed about the study and that you want to participate. We want you to understand what you are being asked to do and what risks and benefits—if any—are associated with the study. This should help you decide whether or not you want to participate in the study.

You are being asked to take part in a research project conducted by Kevin Walsh, a faculty/staff member in the University of Colorado at Boulder's Department of Electrical Engineering, 425 UCB, Boulder, CO 80309-425. Kevin Walsh can be reached at 303-579-1838.

Project Description:

We are investigating certain engineering anomalies that have been explained through quantum mechanics. Specifically, we want to determine whether a person is able to mentally influence the reflectivity of a piece glass with light going through. This research is important to the scientific community because it provides an understanding of an unexplained event and thereby makes our understanding of the universe more completed. You are being asked to be in this study because you are a friend, acquaintance, colleague, or fellow-student of the principal investigator.

It is entirely your choice whether or not to participate in this study. A total of 50 other participants will be invited to participate in this research study.

Procedures:

If you agree to take part in this study, you will be asked to meet in room E212 of the electrical engineering department on CU campus for about 15 minutes. After you thoroughly review and then agree to the consent form, you will be seated in front of a light-sensing apparatus and a computer monitor. You will then be asked to apply intention either making a piece of glass more reflective or less reflective.

You will be asked to identify your gender and age.

Risks and Discomforts:

There are no foreseeable risks or discomforts to you for your participation. You will not be asked about any illegal activities, but if you should discuss such activities, the information could be requested by authorities such as the police or court system.

Benefits:

There are no direct benefits to you from taking part in this study.

Initials for page 1 of 3 _____

If You Are Injured or Harmed:

If you feel that you may have been harmed while participating in this study, you should inform Kevin Walsh at 303-579-1838 immediately. The cost for any treatment will be billed to you or your medical or hospital insurance. The University of Colorado at Boulder has no funds set aside for the payment of health care expenses for this study. If you should find the need to make an injury claim, Colorado State Law allows for claims to be made within 180 days of the discovery of injury (Art. 24-10-109).

Ending Your Participation:

You have the right to withdraw your consent or stop participating at any time. You have the right to refuse to answer any question(s) or refuse to participate in any procedure for any reason. Refusing to participate in this study will not result in any penalty or loss of benefits to which you are otherwise entitled.

Confidentiality:

We will make every effort to maintain the privacy of your data. Only your condition assignment, data, age, and gender will be maintained in our files. No other identifying information will be ascertained. Once all data is collected and analyzed it will be deleted.

Other than the researchers, only regulatory agencies such as the Office of Human Research Protections and the University of Colorado Human Research Committee may see your individual data as part of routine audits.

Questions?

If you have any questions regarding your participation in this research, you should ask the investigator before signing this form. If you should have questions or concerns during or after your participation, please contact Kevin Walsh at 303-579-1838.

If you have questions regarding your rights as a participant, any concerns regarding this project or any dissatisfaction with any aspect of this study, you may report them -- confidentially, if you wish -- to the Executive Secretary, Human Research Committee, 26 UCB, Regent Administrative Center 308, University of Colorado at Boulder, Boulder, CO 80309-0026, (303) 492-7401, Sheryl.Jensen@colorado.edu.

Authorization:

I have read this paper about the study or it was read to me. I know the possible risks and benefits. I know that being in this study is voluntary. I choose to be in this study. I know that I can withdraw at any time. I have received, on the date signed, a copy of this consent form.

Initials for page 2 of 3 _____

Name of Participant (printed) _____
Signature of Participant _____ Date _____
(Also initial all previous pages of the consent form)

Initials for page 3 of 3 _____

For HRC Use Only
This consent form is approved for use from <u>8/21/2006</u> through <u>8/20/2007</u> .
<u>[Signature]</u> (Signature) _____ Committee
Panel Coordinator, Human Research